

Shared Sick Leave Pool Program

OR

LIFE THREATENING MEDICAL or MENTAL HEALTH CONDITION FORM

Part A. To Be Completed by the Employee

Employee Name/Print	Employee ID #	FTE	Phone #
Department & P.O. Box Street	Address City	State	Zip Code

Part B. To Be Completed by the Physician

Definition: *Life-threatening or emergency medical or medical health condition* means a health condition involving a serious, extreme, or life-threatening illness, injury, impairment, or condition that is likely to require the employee’s absence from work for an extended period of time longer than the amount of sick and annual leave available to the employee, and the health condition is such that it is not medically appropriate for the employee to delay the absence in order to accrue additional sick or annual leave prior to the absence. Some examples of such conditions include: advanced or rapidly growing cancers, acute life-threatening illnesses, chronic life threatening conditions involving failure of bodily organs or systems (e.g., heart attack). The absence may be continuous, as in hospitalization following surgery or an accident, or intermittent, as in periodic absences for chemotherapy or other procedures.

1. In your opinion does the employee meet the “Life-threatening or emergency medical or mental health condition” definition as described above? Yes No (Check One) If “no”, sign and date this form on page 2. If “yes”, please complete questions 2-7. (Attach additional sheet if more space is needed).
2. Date patient was first unable to work
3. Diagnosis description:
4. Method of treatment:
5. Has the patient been hospital confined? Yes No (Check One) If yes, Date of hospital confinement:

Part C. To Be Completed by the Employee or Person acting on behalf of the Employee

I understand that the information requested